Highlights of this issue

BY ELIZABETH WALSH

SCHIZOPHRENIA . . . AND IQ . . . AND THOUGHT AND LANGUAGE . . . AND SMOKING

Gunnell *et al* (pp. 298–305) investigate whether the established association between impaired intellectual performance and schizophrenia is due to the confounding influence of adverse prenatal and early childhood exposures on both intellectual development and the risk of schizophrenia. By studying a large cohort of Swedish male conscripts, results show that the association is not explained by cerebral damage caused by early insults. The adverse effects of prodromal disease on cognition, however, may in part contribute to the association between cognition and psychosis. Fearon & Murray (pp. 276–277), in an accompanying editorial, consider the methodological issues raised in the study and point out that it may be distance from the cognitive norm – in either direction – that increases the risk of schizophrenia.

Continuation of thought disorder after the resolution of an acute psychotic episode is a strong predictor of poor outcome. However, formal thought disorders, especially the less florid forms characteristic of chronic illness, are difficult to assess. Liddle *et al* (pp. 326–330) examine the interrater reliability, sensitivity and factor structure of a new assessment instrument, the Thought and Language Index (TLI). It is found to provide a sensitive and reliable measurement of thought and language disorders in schizophrenia and comparisons of scores with healthy controls suggest that there is a continuum of severity of disorganised thought and language in the human population.

People with schizophrenia are significantly more likely to misuse substances compared with general population controls (McCreadie *et al*, pp. 321–325), with 7% and 17% misusing drugs and alcohol, respectively, in the past year. However, the most striking difference between patients and controls was in tobacco consumption – 65% of patients in the study were current smokers compared with 40% of controls. The authors underline the importance of helping those with schizophrenia give up smoking, especially in view of their high mortality from smoking-related diseases.

SSRIs IN RELAPSE PREVENTION OF PTSD

Although SSRIs have shown efficacy in the treatment of post-traumatic stress disorder (PTSD) for up to 3 months, few published studies have examined the efficacy of pharmacotherapies in preventing relapse. Martenyi *et al* (pp. 315–320), in a double-blind, randomised, placebo-controlled study, found fluoxetine to be effective and well tolerated in the prevention of PTSD relapse for up to 6 months. Further study is needed to determine whether the results are similar in other PTSD populations and in more chronic illness.

IDENTIFYING THOSE WHO DROP OUT OF CARE

Rossi *et al* (pp. 331–338) identify characteristics associated with inappropriate termination of psychiatric care in Italy. Such information may be used to reduce the numbers of those who drop out of care within community mental health services. Seventeen per cent of patients were rated as having inappropriate terminations of contact over 2 years – these tended to be younger patients who did not have a psychotic illness and who were generally satisfied with the treatment they received. Results suggest that perceptions of appropriateness in termination of care may differ between patients and staff.

COMORBIDITY AND DISABILITY

A high frequency of current comorbidity – the presence of symptoms that meet criteria for more then one mental disorder – is found in surveys using structured diagnostic interviews. Andrews *et al* (pp. 306–314) explore whether disability and service utilisation are a function of the number and type of disorders present, using data from the Australian National Survey of Mental Health and Well-Being. Forty per cent of the sample met the criteria for more than one disorder, and the comorbidity between affective and anxiety disorders accounted for the majority of disability days and consultations due to mental disorders. It is suggested that patients nominate their principal complaint, and that this should be the focus of initial treatment.

TREATMENT-RESISTANT DEPRESSION

It is estimated that 30% of people suffering from depressive illness do not respond to the usual recommended dose of antidepressants. Results of a systematic review investigating pharmacological and psychological interventions for treatment-refractory depression (Stimpson *et al*, pp. 284–294) show that little evidence exists to guide the management of such patients. There is some evidence of benefit for lithium augmentation, but this is very weak. The authors underline the need for further large-scale, randomised, controlled trials.

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